Ph: 800-437-FLEX or 757-340-4567
P.O.Box 8188 • Virginia Beach, VA 23450
www.flex-admin.com

Benefits Card Election Form

Employee Information

Social Security # or Employee ID: ______ Date of Birth: ______

Employer Name: ______

First Name: ______ Middle Initial: ______ Last Name: ______

Employee Home Address: ______

City: ______ State: ______ Zip: ______

Home Phone #: ______ E-Mail: ______

Help us go green! If provided, we will use your email as our primary method of contact.

Employee Elections

Cards are valid for 3 years from date of issue.

My Card

- ☐ I do NOT elect to use the Benefit Card. All cards from previous years will be deactivated.
- ☐ I am a New Participant and I elect to be issued a Benefits Card.
- ☐ My card has been lost/destroyed. Please re-issue a new Benefits Card.

Dependent Card

Dependent (Print name)	SSN (Social Security Number)	Date Of Birth

- ☐ I would like to have a second card issued to my dependent, who's over the age of 18, who's name and social security number are indicated above.
- ☐ My dependent's card has been lost/destroyed. Please issue a new card to the dependent above.
- ☐ Please deactivate my dependent's card(s).

*** Benefit Cards are automatically re-issued upon expiration and are pre funded with your health care annual election amount. Dependent care annual elections are not pre funded.***

Benefits Card Certification

I acknowledge that I will agree to the terms and conditions of the Cardholder Agreement received with my BENEFITS CARD and certify that I will only use the card for qualified health care and/or dependent care expenses. I further certify that I will not seek reimbursement under any other health plan coverage for claims that have been paid for by the card, nor will I use the card for expenses that have been paid by any other health plan benefit. I acknowledge that I will, upon request of the Plan administrator, provide required documentation of expenses.

Failure to submit sufficient documentation for your Benefit Card transaction may result in deactivation of your card.

Please submit your completed form to BenefitsCard@flex-admin.com or fax to 757-431-1155.

Employee's Signature: ______ Date: ______

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